



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 19, 2018	2018_655679_0030	011579-18, 011580- 18, 011583-18	Follow up

Licensee/Titulaire de permis

St. Joseph's Health Centre of Sudbury
1140 South Bay Road SUDBURY ON P3E 0B6

Long-Term Care Home/Foyer de soins de longue durée

St. Gabriel's Villa of Sudbury
4690 Municipal Road 15 Chelmsford ON P0M 1L0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MICHELLE BERARDI (679), SHELLEY MURPHY (684)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 26 - 30, 2018.

The following intakes were inspected upon during this Follow up Inspection:

Three intakes related to CO #001 #002 and #003, issued during inspection #2018_657681_0006, regarding: s. 6 (7) of the Long Term Care Home's Act, 2007, related to providing care as outlined in the plan of care; s. 20 (1) of the LTCHA regarding complying with the home's abuse and neglect policy; and, s. 24 (1) of the LTCHA, regarding reporting to the Director, respectively.

Inspector #736 was present throughout the course of the inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Admissions Coordinator, Behavioural Supports Ontario (BSO) Registered Practical Nurse (RPN), Registered Nurses (RNs), RPNs, Personal Care Assistant (PCAs), residents and their families.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, staff education records, complaint records, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #003	2018_657681_0006		679
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_657681_0006		684

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that there was a written policy to promote zero tolerance of abuse and neglect of residents, and that the policy was complied with.

During inspection #2018_657681_0006, compliance order (CO) #002 was issued to the home to address the licensee's failure to comply with s. 20 (1) of the Long Term Care Home's Act, 2007. The CO ordered the home to:

- a) ensure that all employees who witnessed or suspected that a resident was being abused or neglected immediately reported the allegations as per the home's policy.
- b) develop and implement a process to ensure that staff were aware of what constituted resident abuse and neglect and that they were aware of the appropriate process for reporting these allegations.

The compliance due date of this order was June 29, 2018.

A Critical Incident (CI) report was submitted to the Director for an incident of alleged visitor to resident abuse that occurred a specified number of days prior to the submission of the CI report. The CI report further identified that resident #012 brought forward the allegation of abuse to staff.

Inspector #679 reviewed the electronic progress notes for resident #012 which identified that on a specified day, Personal Care Assistant (PCA) #113 documented the allegation of abuse. The note further identified that the RPN and RN were aware of the allegation.

A review of the policy entitled "Zero Tolerance for Abuse and Neglect" last revised July 6, 2018, identified that staff should immediately report under the facility's staff reporting policy any incidents that may lead to a mandatory report under s. 24 (1). The policy further identified that upon receiving a complaint or upon witnessing abuse or neglect, that the staff member would immediately report it to the ADOC, DOC, Administrator or the RN in charge.

In an interview with PCA #113 they identified that resident #012 had brought the allegation forward to them. PCA #113 identified that they brought the allegation forward to the RN and the RPN on their shift.

In an interview with RN #114 they identified that they were aware of the allegations of abuse. RN #114 identified that allegations of abuse were to be investigated immediately and reported to the administrator on call.



In an interview with the DOC they acknowledged the submission of the CI report to be late internal reporting by the registered staff. The DOC identified that the registered staff were to phone the administrator on call to report the alleged abuse, and that the administrator on call would then report to the Ministry. [s. 20. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff.

Inspector #684 conducted a follow-up to compliance order #001 from inspection #2018_657681_0006 which required a review of resident #018's care plan.



Inspector #684 and #736, reviewed resident #018's Electronic Medication Administration Record (eMAR) and Point Click Care (PCC) progress notes and noted that on a specified number of days, an intervention to an area of altered skin integrity was signed for in the EMAR as being completed.

Inspector #684 and #736 reviewed the progress notes for resident #018 and noted that the corresponding wound assessment notes were not present in PCC charting.

Inspector #684 and #736 further noted that the intervention for a different area of altered skin integrity was signed for in the EMAR as being completed on a specified number of dates; however, the corresponding wound assessment notes were not noted in the PCC charting for these dates.

Inspector #684 interviewed RPN #105 who stated full wound assessments were to be done with the completion of a specified intervention along with a progress note in PCC.

During an interview with RN #103, Inspector #684 reviewed the EMAR for the areas of altered skin integrity. RN #103 confirmed that there were no wound assessment notes in PCC on specified dates for an area of altered skin integrity; and there were no wound assessment notes for a separate area of altered skin integrity on a specified number of dates.

Inspector #684 reviewed the policy titled "Wound and Skin Care Program" last reviewed December 1, 2017, which stated "Document on wound every dressing change, a full assessment must be completed on a weekly basis", as well as "A comprehensive reassessment is conducted weekly to determine wound progress and the effectiveness of the treatment plan. Monitor resident/patient for variances from assessment with each dressing change. Identification of variances indicates a need for reassessment."

An interview was held with the ADOC, who was also the skin and wound lead. Inspector #684 reviewed the EMAR and progress notes for resident #018 and the ADOC confirmed that wound assessment notes to correspond with the specified intervention as noted in the EMAR were not completed in PCC.

In an interview held with DOC on November 28, 2018, they informed Inspector #684 that when a wound was checked or a specified intervention was completed, the staff were to document an assessment in PCC. [s. 50. (2) (b) (iv)]



WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

- 1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**
- 2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff who provide direct care to residents, received training relating to abuse recognition and prevention, annually, or as determined by the licensee, based on the assessed training needs of the individual staff member.

During inspection #2018_657681_0006, compliance order #002 was issued to the home to address the licensee's failure to comply with s. 20 (1). of the Long Term Care Home's Act, 2007.

Refer to WN #1 for details.

According to the Long-Term Care Homes Act, 2007, section 76 (7), every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: Abuse recognition and prevention.

Inspector #679 reviewed the education record titled "Elder Abuse" for 2017, which identified that there were two staff members who did not complete their abuse education for 2017.

A review of the policy entitled "Zero Tolerance for Abuse and Neglect", last revised July 6, 2018, identified that the resident's bill of rights and the policy on zero tolerance of abuse or neglect will be reviewed with each new employee during orientation and annually thereafter.

In an interview with the DOC they provided the Inspector with an education record titled "Elder Abuse" for 2017, and identified that there were two staff members who had not completed their education. [s. 221. (2)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

Issued on this 19th day of December, 2018

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MICHELLE BERARDI (679), SHELLEY MURPHY (684)

Inspection No. /

No de l'inspection : 2018_655679_0030

Log No. /

No de registre : 011579-18, 011580-18, 011583-18

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Dec 19, 2018

Licensee /

Titulaire de permis : St. Joseph's Health Centre of Sudbury
1140 South Bay Road, SUDBURY, ON, P3E-0B6

LTC Home /

Foyer de SLD : St. Gabriel's Villa of Sudbury
4690 Municipal Road 15, Chelmsford, ON, P0M-1L0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Ray Ingriselli

To St. Joseph's Health Centre of Sudbury, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order / 2018_657681_0006, CO #002;
Lien vers ordre existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Order / Ordre :

The licensee must be compliant with s. 20. (1) of the Long Term Care Homes Act.

The licensee shall prepare, submit and implement a plan to ensure that the written policy to promote zero tolerance of abuse and neglect of residents is complied with.

The plan must include, but is not limited to, the following:

a) how the licensee will ensure that the policy promoting zero tolerance of abuse and neglect is complied with;

b) implement a monitoring system to ensure that all staff comply with the home's policy titled "Zero Tolerance for Abuse and Neglect", and maintain a written record of the monitoring system.

The plan must be emailed to the attention of LTCH Inspector Michelle Berardi. The plan is due on January 9, 2019, and the order is to be complied by January 23, 2019.

Please ensure that the submitted written plan does not contain any Personal Information and/or Personal Health Information.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure that there was a written policy to promote zero tolerance of abuse and neglect of residents, and that the policy was complied with.

During inspection #2018_657681_0006, compliance order (CO) #002 was issued to the home to address the licensee's failure to comply with s. 20 (1) of the Long Term Care Home's Act, 2007. The CO ordered the home to:

- a) ensure that all employees who witnessed or suspected that a resident was being abused or neglected immediately reported the allegations as per the home's policy.
- b) develop and implement a process to ensure that staff were aware of what constituted resident abuse and neglect and that they were aware of the appropriate process for reporting these allegations.

The compliance due date of this order was June 29, 2018.

A Critical Incident (CI) report was submitted to the Director for an incident of alleged visitor to resident abuse that occurred a specified number of days prior to the submission of the CI report. The CI report further identified that resident #012 brought forward the allegation of abuse to staff.

Inspector #679 reviewed the electronic progress notes for resident #012 which identified that on a specified day, Personal Care Assistant (PCA) #113 documented the allegation of abuse. The note further identified that the RPN and RN were aware of the allegation.

A review of the policy entitled "Zero Tolerance for Abuse and Neglect" last revised July 6, 2018, identified that staff should immediately report under the facility's staff reporting policy any incidents that may lead to a mandatory report under s. 24 (1). The policy further identified that upon receiving a complaint or upon witnessing abuse or neglect, that the staff member would immediately report it to the ADOC, DOC, Administrator or the RN in charge.

In an interview with PCA #113 they identified that resident #012 had brought the allegation forward to them. PCA #113 identified that they brought the allegation



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

forward to the RN and the RPN on their shift.

In an interview with RN #114 they identified that they were aware of the allegations of abuse. RN #114 identified that allegations of abuse were to be investigated immediately and reported to the administrator on call.

In an interview with the DOC they acknowledged the submission of the CI report to be late internal reporting by the registered staff. The DOC identified that the registered staff were to phone the administrator on call to report the alleged abuse, and that the administrator on call would then report to the Ministry.

The severity of this issue was determined to be a level two, as there was minimal harm or potential for actual harm to the residents of the home. The scope of the issue was a level one, as it only related to one resident reviewed. The home had a level four compliance history, as they had ongoing non-compliance with this section of the LTCHA that included:

- a written notification (WN) issued April 30, 2015, during inspection #2015_380593_0006;
- a WN issued July 21, 2015, during inspection #2015_380593_0015;
- a voluntary plan of correction (VPC) issued February 9, 2017, during inspection #2017_615638_0004;
- a VPC issued July 4, 2017, during inspection #2017_668543_0004; and,
- a compliance order (CO) issued May 28, 2018, during inspection #2018_657681_0006. (679)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 23, 2019



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 19th day of December, 2018

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Michelle Berardi

Service Area Office /

Bureau régional de services : Sudbury Service Area Office